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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

07075867

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL					
OMB Number:	3235-0076				
Expires:					
Estimated average	burden				
hours per respons	e 16				

SEC US	SE ONLY
Prefix.	Serial
DATE R	ECEIVED

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.) Protein Forest, Inc Issuance and Sale of Convertible Promissory Notes and Warrants Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) [] ULOF Type of Filing: [] New Filing [X] Amendment A. BASIC IDENTIFICATION DATA
Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) [] ULOE Type of Filing: [] New Filing [X] Amendment
Type of Filing: [] New Filing [X] Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.)
Protein Forest, Inc.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 185
100 Beaver Street, Waltham, MA 02453 (617) 926-4778
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
(if different from Executive Offices)
Brief Description of Business
Drug discovery tools and diagnostics
Type of Business Organization
[X] corporation [] limited partnership, already formed [] other (please specify): SEP 1 4 2007
[] business trust [] limited partnership, to be formed
Month Year IHOMSON
Actual or Estimated Date of Incorporation or Organization: [0][1] [0][2] [X] Actual [] Estimated Actual
Jurisdiction of Incorporation or Organization: Enter two-letter U.S. Postal Service Abbreviation for State: [D][E]
(CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date is was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:

 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

	 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 						
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner		
Full Name (Last name first, i	f individual)						
Business or Residence Addre	ss (Number and S	reet, City, State, Zip Code	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner		
Full Name (Last name first, i	f individual)						
Business or Residence Addre	ss (Number and Si	reet, City, State, Zip Code					
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner		
Full Name (Last name first, i	f individual)						
Business or Residence Addre	ss (Number and Si	reet, City, State, Zip Code)	1	· · · · · · · · · · · · · · · · · · ·			
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner		
Full Name (Last name first, i	f individual)						
Business or Residence Addre	ss (Number and Si	reet, City, State, Zip Code)	***************************************	-		
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner		
Full Name (Last name first, i	f individual)						
Business or Residence Addre	ss (Number and Si	reet, City, State, Zip Code					
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner		
Full Name (Last name first, i	f individual)						
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code))				
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner		
Full Name (Last name first, i	f individual)						
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Code)				
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner		
Full Name (Last name first, i	f individual)						
Business or Residence Addre	ss (Number and Si	reet, City, State, Zip Code			-		

D	INTEGODRALA	TION	ADOLIT	OFFERING
к	INFLIRMA	11111	AKIHII	CIPPPRINI

1,	Has the	e issuer sol	d, or does t	he issuer in									Yes	No [X]
2.									\$N/A					
3. 4.	. Does the offering permit joint ownership of a single unit?							Yes []	No [X]					
Fu	II Name	(Last name	e first, if in	dividual)										
$\frac{N/L}{D}$		- Doddo	a Addessa (Number or	d Stand Cid	y, State, Zip	- Codo)							
Du	SHC22 O	ir Kesidelio	e Auuress (inminer an	u Street, Cir	y, State, Zij	(Code)							
Na	me of A	ssociated I	Broker or D	ealer									,,,,,	
Sta				as Solicited		to Solicit Pu	ırchasers							Statos
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]		
_	IL] MT]	[IN]	[IA]	[KS] [NH]	[KY]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[M [P/	_
-	RI]	[NE] [SC]	[NV] [SD]	[TN]	[NJ] [TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[Pl	•
Bu	siness o	r Residenc		Number and	d Street, Cit	y, State, Zip	Code)				· ,			
Na	me of A	issociated I	Broker or D	ealer										
Sta						to Solicit Pu	ırchasers					·····	-	<u> </u>
ſ	(Check [AL]	"All States	s" or check [AZ]	individual ! [AR]	States) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	All	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[M	_
_	MT] RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[P. [Pl	_
	•		e first, if in					<u> </u>		•	•	•		
Bu	siness o	r Residenc	e Address (Number an	d Street, Cit	y, State, Zip	Code)							
Na	me of A	ssociated l	Broker or D)ealer										
Sta						to Solicit Pu								States
•	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[H]	[II)]
•	IL] MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[M [Pz	-
	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wvj	[WI]	[WY]	[PI	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
			ggregate	Am	ount Already
	Type of Security		fering Price		Sold
	Debt	s	0	S	0
	Equity	s	0	s_	0
	[] Common [] Preferred				
	Convertible Securities (including warrants)	\$	1,550,000	S	1,550,000
	Partnership Interests	\$	0	\$	C
	Other	' <u></u>			
	·>>>>>	\$	0	S	C
	Total		1,550,000	s	1,550,000
	Answer also in Appendix, Column 3, if filing under ULOE.	-			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this				
	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate				
	the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
					Aggregate
		3	Vumber	Do	llar Amount
]	nvestors	0	f Purchases
	Accredited Investors		6	\$	1,550,000
	Non-accredited Investors		0	s_	C
	Total (for filings under Rule 504 only)		0	s—	0
	Answer also in Appendix, Column 4, if filing under ULOE.			-	
3	If this filing is for an offering under Rule 504 or 505, enter the information requested for all				
٥.	securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months				
	prior to the first sale of securities in this offering. Classify securities by type listed in Part C-				
	Ouestion 1.				
	Question 1.		Гуре of	Do	ollar Amount
	Time of Official		Security	DC	Sold
	Type of Offering		•	•	3010
	Rule 505		0	<u>s</u>	<u>\</u>
	Regulation A		0	ž—	<u>.</u>
	Rule 504		0	<u>s_</u>	
	Total		0	s	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the				
	securities in this offering. Exclude amounts relating solely to organization expenses of the issuer.				
	The information may be given as subject to future contingencies. If the amount of an expenditure is				
	not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		[] \$	<u> </u>	0
	Printing and Engraving Costs		[] \$		
	Legal Fees.		[X]	S	5,000
	Accounting Fees		[] \$		
	Engineering Fees		[] \$		
	Sales Commissions (specify finders' fees separately)		[] \$	S	
	Other Expenses (identify)		řís		C
	Total		[X]		5,000

	C. OFFERING PRICE, NUMBER OF IN	IVESTORS, EXPENSES AND USE OF P	ROCEEDS (cont	inued)	
	b. Enter the difference between the aggregate offering pric and total expenses furnished in response to Part C—Ques gross proceeds to the issuer."	stion 4.a. This difference is the "adjusted		S	1,545,000
5.	- -	to the issuer used or proposed to be used pose is not known, furnish an estimate and e payments listed must equal the adjusted			
			Payments to Officers, Directors, & Affiliates		Payments to Others
	Salaries and fees	[] \$0	[]\$	0
	Purchase of real estate	[] \$0	[] \$. 0
	Purchase, rental or leasing and installation of machinery	and equipment] \$0	[] \$	0
	Construction or leasing of plant buildings and facilities] \$0	[]3	<u>U</u>
	Acquisition of other businesses (including the value of s				
	offering that may be used in exchange for the assets or so issuer pursuant to a merger)		1 6 0	г 1 с	0
	Repayment of indebtedness		} \$ <u>0</u> } \$ <u>0</u>	_ [] ₹ .	0
	Working capital] \$0	[X]	\$ 1.545,000
	Other (specify):] \$0	[1.5]	0
	Column Totals] \$0		
	Total Payments Listed (column totals added)				
_		FEDERAL SIGNATURE			
_	Б.	TEDERAL OIGHAT ORE			
iį	ne issuer has duly caused this notice to be signed by the und gnature constitutes an undertaking by the issuer to furnish to formation furnished by the issuer or any non-accredited inves	o the U.S. Securities and Exchange Commis	ssion, upon writte	r Rule 5 en reque	05, the following st of its staff, the
ī:	ssuer (Print or Type)	Signature		Date	,,
	Protein Forest, Inc.	Conser le bruh	ik '	August	2007
N	Name of Signer (Print or Type)	Title (Print or Type)			
F	Russell Garlick, Ph.D.	President & Chief Executive Officer			



ATTENTION

Intentional misstatements or omission of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)